

Drug Laboratory GC/MS Daily QC Check

MM/YY:_____

Day	System 4		System 6		System 7		System 8	
	Autotune	Inj/Column	Autotune	Inj/Column	Autotune	Inj/Column	Autotune	Inj/Column
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Comments:

QC Reviewer:_____
Date:_____

QA Reviewer:_____
Date:_____

&[FILE]